

**Application for License to  
Operate a Long-term Care Facility**

For Office Use Only Received <u>12/8/11</u> Amount <u>450.00</u>
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**I. IDENTIFICATION**

# 123984

Name Baptist Healthcare Affiliates, Inc. d/b/a/ Baptist Hospital Northeast

Address 1025 New Moody Lane

City/County/Zip LaGrange, Kentucky 40031

Telephone number (502) 222-5388 / marsha.biven@bhsi.com

Administrator Marsha Biven

Date facility operation began at current address January 1988

Date facility began operation under current owner October 1992

<b>II. TYPE BEDS</b>	<b>No. beds licensed</b>	<b>No. beds requested</b>
Skilled	<u>                    </u>	<u>                    </u>
Nursing Home	<u>                    </u>	<u>                    </u>
Nursing Facility	<u>          30          </u>	<u>          30          </u>
Intermediate Care	<u>                    </u>	<u>                    </u>
ICF/MR	<u>                    </u>	<u>                    </u>
Personal Care	<u>                    </u>	<u>                    </u>

**II. CONTROL** (check one in each column)

State	Profit	Individual
County	<input checked="" type="checkbox"/> <b><u>Nonprofit</u></b>	Partnership
City		<input checked="" type="checkbox"/> <b><u>Corporation</u></b>
<input checked="" type="checkbox"/> <b><u>Private</u></b>		

**II. OWNERSHIP**

Name and address of individual owner, partners or corporation. If partnership, list partners.

Baptist Healthcare Affiliates, Inc.

1025 New Moody Lane

LaGrange, Kentucky 40031

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation Baptist Healthcare Affiliates, Inc d/b/a Baptist Hospital Northeast

Address of corporation 1025 New Moody Lane, La Grange, Kentucky 40031

President or Chairman Tommy J. Smith – President/CEO

Vice President Christopher Roty

Secretary Janet Norton

Treasurer Carl Herde

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent  
Baptist Healthcare System, Inc  
4007 Kresge Way  
Louisville, Kentucky 40207

Management Company

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Mashe N. Bevin  
Signature of authorized representative

Nursing Home Administrator  
Title

11/17/11  
Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)

**2011**

**Officers of the Corporation**

**Baptist Healthcare Affiliates, Inc. d/b/a Baptist Hospital Northeast**  
(1 Year Terms)

**President:** Tommy J. Smith  
Baptist Healthcare Systems  
4007 Kresge Way  
Louisville, Kentucky 40207

**Vice President:** \* Chris Roty  
Baptist Hospital Northeast  
1025 New Moody Lane  
LaGrange, Kentucky 40031

**Secretary:** Janet Norton  
Baptist Healthcare Systems  
4007 Kresge Way  
Louisville, Kentucky 40207

**Assistant Secretary:** \* Lisa Shea  
Baptist Hospital Northeast  
1025 New Moody Lane  
LaGrange, Kentucky 40031

**Treasurer:** Carl Herde  
Baptist Healthcare Systems  
4007 Kresge Way  
Louisville, Kentucky 40207

**Assistant Treasurer:** \* Susanne Haynes  
Baptist Hospital Northeast  
1025 New Moody Lane  
LaGrange, Kentucky 40031

\* Requires approval of the Board of Directors.